



Michael Preston  
SECRETARY OF COMMERCE

Alan McClain  
COMMISSIONER,  
ARKANSAS INSURANCE  
DEPARTMENT

## NOTICE OF ADMINISTRATIVE HEARING

May 11, 2022

*Sent by Certified Mail, Tracking No. 7021 2720 0001 51022 2152*

TO: John Sivels  
NPN 8274016  
11542 Laflin Street  
Chicago IL 60643-5030

Dear Mr. Sivels:

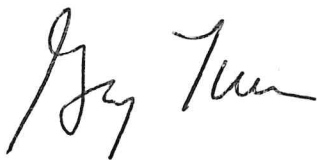
You are hereby notified that an administrative hearing has been scheduled pursuant to Ark. Code Ann. §§ 23-61-303 and 23-64-216(e), and other applicable provisions of Arkansas law, before Insurance Commissioner Alan McClain, as Hearing Officer, or his designee, on June 2, 2022, at 1:00 PM in the 2<sup>nd</sup> Floor Diamond Mine Hearing Room, Arkansas Commerce Building, Arkansas Insurance Department ("Department"), 1 Commerce Way, Building 4, Little Rock, Arkansas, 72202. The purpose of this hearing is to hear the following allegations:

1. You were terminated for cause by Transamerica Life and New York Life for a violation of Ark. Code Ann. § 23-64-512(a). Being terminated for cause is grounds to suspend a producer's license as authorized by Ark. Code Ann. § 23-64-203(b).
2. In 2021, you used insurance customer banking information belonging to three customers to pay personal debts. Your actions are a violation of Ark. Code Ann. § 23-64-512(a)(8): "Using fraudulent, coercive, or dishonest practices or demonstrating incompetence, untrustworthiness, lack of good personal or business reputation, or financial irresponsibility ..."
3. You failed to provide a complete response to a written inquiry from the Department. Specifically, you did not fully respond to a written inquiry sent to you by the Department on March 16, 2022. Your actions are a violation of Ark. Code Ann. § 23-64-512(a)(13).

You have the right to represent yourself or be represented by counsel of your own choosing at this proceeding. Additionally, the Commissioner will obtain a competent reporter to record the hearing. You may avail yourself of other privileges, including the Department's assistance to subpoena any needed witnesses or records.

If you or your attorney determines that a continuance is necessary, or you have questions or concerns, please contact me at [gray.turner@arkansas.gov](mailto:gray.turner@arkansas.gov).

Sincerely yours,

A handwritten signature in black ink, appearing to read "Gray Turner". The signature is fluid and cursive, with the first name "Gray" and last name "Turner" clearly distinguishable.

Gray Allen Turner  
Associate Counsel, Legal Division  
Arkansas Insurance Division  
1 Commerce Way  
Little Rock AR 72202  
[Gray.turner@Arkansas.gov](mailto:Gray.turner@Arkansas.gov)